

**2009 WAIVER ASSURANCES SUBMITTED BY INDIANA DIVISION OF AGING
TO MEET CMS REQUIREMENTS
VIA PERFORMANCE MEASUREMENTS LISTED BELOW**

CMS REQUIREMENT:

Evaluation/Reevaluation of Level of Care

PERFORMANCE MEASUREMENTS:

Monitor the number of applicants that are assessed for Level of Care (LOC) (numerator) by the number of total applicants targeted for waiver services (denominator).

Monitor the number of annual reevaluations not completed within twelve months of previous LOC (numerator) by total number of reevaluations due within the previous twelve months (denominator).

Monitor the number of initial LOC evaluations validated by DA Waiver Unit (numerator) by the total number of initial LOCs reviewed (denominator).

Monitor the number of approved annual LOC reevaluation submitted by independent case managers and validated by DA Waiver Unit (numerator) by total number of reviewed annual LOC submitted by independent case managers (denominator).

Monitor the number of approved annual LOC reevaluation submitted by AAA case managers and validated by DA Waiver Unit (numerator) by total number of reviewed annual LOC submitted by AAA case managers (denominator).

CMS REQUIREMENT:

Participant Services/Quality Providers

PERFORMANCE MEASUREMENTS:

Monitor the number of enrolled waiver providers that continue to hold valid ISDH licenses (numerator) by the total number of existing licensed enrolled waiver providers reviewed (denominator).

Verify that non-licensed/non-certified providers meet the state's waiver provider application requirements detailed in 460 IAC 1.2-6. Monitor the number of new approved provider applications (numerator) by the total number of new applicants reviewed from non-licensed/non-certified entities (denominator).

Non-licensed/non-certified providers are surveyed, at a minimum every three years, to assure compliance with provider standards. Number of non-licensed/non-certified providers who meet provider standards (numerator)/by number providers reviewed. (denominator)

The DA's education contractor provides case manager training that matches state and waiver requirements. The DA, along with OMPP, reviews, approves and monitors training program content and delivery.

The state's fiscal intermediary contractor provides training for waiver providers focused on Medicaid updates and changes. The DA, along with OMPP, reviews, approves and monitors training program content and delivery as per contract.

Provider verifies compliance with Aging Rule 460 IAC 1.2 staff training requirements for employees. Verify the number of providers documenting required staff training (numerator) by the number of providers reviewed (denominator).

CMS REQUIREMENT:

Participant-Centered Planning and Service Delivery/Review of Service Plan

PERFORMANCE MEASUREMENTS:

All initial Plans of Care (POC) are reviewed by DA's Waiver Service Unit to determine if assessed needs and personal goals are addressed.

Participants are surveyed to indicate whether their needs are addressed by their POC. Measure the percentage of participants who indicate that their needs are met (numerator) by the number of participants surveyed (denominator).

Measure the number of annual re-determinations which are updated and approved within 12 months of the previous annual determination (numerator) by the total number of annual re-determinations due within the previous 12 month period (denominator).

The Consumer Survey Tool is used to monitor that service delivery is consistent with the plan of care. Plans of Care are compared to service documentation by measuring the number of participants receiving services in accordance with their care plan (numerator) by the total number of care plans reviewed (denominator).

The electronic POC documents that participants have been made aware of their choices between waiver services and institutional care. Monitored by the number of participants who have signed the Freedom of Choice form (numerator) by the number of total participants reviewed (denominator).

The participant selects their service providers, including their case manager, from a pick list of services and approved providers. This is monitored by the number of participants who have signed their cost comparison budget (CCB)(numerator) by the total number of participants surveyed (denominator).

CMS REQUIREMENTS:

Participant Safeguards/ Health and Welfare

PERFORMANCE MEASUREMENTS:

The state requires reporting within twenty-four (24) hours of knowledge of incident of abuse, neglect or exploitation to Adult Protective Services (APS) or Child Protective Services (CPS) for individuals under age eighteen. Monitor the timely submission of abuse, neglect and exploitation (a-n-e) filings (numerator) by total number of a-n-e submissions filed (denominator).

The state requires that incidents involving a-n-e are to be monitored at a minimum of every seven days until the incident is resolved. The state monitors follow up reports on a daily basis.

All participants are given information concerning their rights to be protected from abuse, neglect or exploitation as per Aging Rule 460 IAC 1.2.20.2. Measure the number of participants surveyed that indicate awareness of their rights to protection and means of contacting APS/CPS (numerator) by number of participants surveyed (denominator).